MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		1				
11		1				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	19					
TOTAL CLAIMS	20					

		IND	DEP	IND	DEP	IND	DEP
51							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							